SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

2

| CONTRACTOR OF STREET | | COMMI | TTEE INCORMATIO | 110 | | |
|---|--------------------------------------|---|----------------------|--|-------------------------------------|--------------------|
| Full name of candidate (inclu- | de any nickname | | THEE INFORMATIO | The same of the sa | ommittee telephone number | , |
| Mr. Joseph Hogsett The continuous and mickname Check if this is a new result. Check if this is a new result. | | | uns is a new name | (317) 759–1948 | | |
| Mr. Joseph Hogsett | | | | (317) 759-1948 | | |
| | | gn finance correspo | ondence is received) | ř | Check if this is a new addre | ess |
| 133 W. Market Stree | t #190 | | | | | * |
| 4. City | | State | ZIP Code | | 5. Party affiliation or if independ | dent |
| Indianapolis IN | | | 46204 Democrat | | | |
| 6. Office sought (include district | t number, if any. | Not required for e | xploratory commit | tee) | 7. County of residence | |
| Mayor | 12 | | | 5* | Marion | |
| 8 Reporting Period | | | | | 4 | |
| From: 4/21/2015 | | | Through: | 4/2 | 21/2015 | |
| For classification, enter INDV for all entries which are not o | for individual; I ne of the above | PAC for political accategories | ction committee; C | ORP fo | or corporation; LAB for labor o | organization; NONE |
| CONTRIBUTOR'S FULL NA MAILING | ME AND OCCU | PATION FULL | TYPE OF CONTRI | | | DATE RECEIVED |
| (street, number, o | city, state, ZIP co | ode) | | | | RECEIVED BY |
| Classification INDV Michael G Browning II 6100 W 96th St Ste 250 Indianapolis, IN 46278 Real Estate Contributor's Occupation (if applicable) Professional | | Contributions: Direct In-Kind (describe) Other Receipts Interest Loan Misc. (specify) | | | 04/21/2015 | |
| | | | | \$1,000.00 | | |

| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. | FOR OFFICE USE ONLY | | |
|---|---------------------|------------------|--|
| Signature of Treasurer | Title | Date | |
| Signature of Candidate (if applicable) | Date | Myla a. Eldridge | |
| WARNING: Any information contained in this report person who knowingly files a fraudulent report cor accurate report as requried by the Indiana Campa | APR 21 2015 | | |
| subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, | FILED | | |

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

| AND TO | FILE NUMBER | |
|--------|----------------------------|---|
| | 1234567 | |
| OTAL P | GES IN ENTIRE CFA-11 REPOR | ð |
| | | |

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

| 1. Full name of candidate(include any nickname) Check if this is a new name Mr. Joseph Hogsett | | | | 2. Committee telephone number (317) 759–1948 | | | |
|---|--|--------------------------|--------------------------------|--|------------------------------------|---------------------------|--|
| 3. Mailing address (address 133 W. Market Str | ss where all campaigneet #190 | n finance correspoi | ndence is received) | | Check if this is a new addre | ess | |
| 4. City | | State | ZIP Code | 5 | . Party affiliation or if independ | lent | |
| Indianapolis | | IN | 46204 | D | emocrat | | |
| 6. Office sought (include dist | trict number, if any. N | lot required for ex | ploratory committ | ee) 7 | 7. County of residence | | |
| Mayor | | | | arion | rion | | |
| 8 Reporting Period | | | | 4 | | | |
| From: 4/21/2015 Through: 4/21/2015 | | | | | | | |
| For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories | | | | | | | |
| | | | | | | | |
| CONTRIBUTOR'S FULL | | ATION FULL | TYPE OF CONTRI | | | DATE RECEIVED | |
| MAILI | NAME AND OCCUP, NG ADDRESS r, city, state, ZIP cod | | TYPE OF CONTRI OR OTHER REC | | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED RECEIVED BY | |
| Classification INDV Mic | NG ADDRESS | de) ing II N 46278 | | CEIPT | | | |

COMMITTEE INFORMATION

| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO | FOR OFFICE USE ONLY | | |
|--|---------------------|------|------------------|
| Signature of Treasurer | Title | Date | |
| Signature of Candidate (if applicable) Date | | | Myla a. Eldridge |
| WARNING: Any information contained in this report operson who knowingly files a fraudulent report commaccurate report as requried by the Indiana Campaigr subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC | APR 21 2015 | | |